

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09842268

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	355.00
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL	395

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	710.00
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	21	<input type="checkbox"/>
Independent	2	Minus	3	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY OR OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	20	<input type="checkbox"/>
Independent	2	Minus	3	<input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	<input type="checkbox"/>	=
Independent	2	Minus	<input type="checkbox"/>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.